

# CLASS C REINSTATEMENT FORM

<p><b>File the original with:</b></p> <p><b>Public Service Commission of South Carolina</b>  <b>Docketing Department</b>  <b>Motor Carrier Matters</b>  <b>P.O. Box 11649</b>  <b>Columbia, S.C. 29211</b>  <b>(803) 896 – 5100</b>  <b>FAX (803) 896-5199</b></p>	<p><b>Mail or fax a copy to:</b></p> <p><b>S.C. Office of Regulatory Staff</b>  <b>Transportation Department</b>  <b>P.O. Box 11263</b>  <b>Columbia, S.C. 29211</b>  <b>(803) 737-0578</b>  <b>FAX (803) 737-0815</b></p>
--	--

DATE: \_\_\_\_\_

Please consider this an application for Reinstatement of my Class C:

- ☐ (Taxi) Certificate
- ☐ Charter Certificate
- ☐ Charter Bus Certificate
- ☐ Non-Emergency Certificate

My Certificate of Public Convenience and Necessity No. is \_\_\_\_\_. My certificate was  
 revoked/cancelled on \_\_\_\_\_ because \_\_\_\_\_

\_\_\_\_\_. I seek re-certification because \_\_\_\_\_

\_\_\_\_\_.

\_\_\_\_\_ DBA \_\_\_\_\_  
 (Name of Company) (if applicable)

\_\_\_\_\_  
 (Street Address)

\_\_\_\_\_ (City, State, Zip Code) \_\_\_\_\_ (Signature)

\_\_\_\_\_ (Telephone Number) \_\_\_\_\_ (Title)